

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non Fee Amendment, Commissioner of Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on January 21, 2004.

Theodore P. Cummins, Esq. 40,973

Name of Attorney Registration No.

Signature of Attorney



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FEB 02 2004
TC 1700

P&G Case No. 8074M

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of :
STEPHEN ZIMMERMAN, ET AL. :
Confirmation No. : 2167
Serial No. 09/851,456 : Group Art Unit: 1761
Filed: May 8, 2001 : Examiner: D. E. Becker

For: SNACK CHIP HAVING IMPROVED DIP CONTAINMENT AND A GRIP REGION

RESPONSE AFTER OFFICE ACTION UNDER 37 CFR §1.111

Mail Stop Non Fee Amendment

Honorable Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 21, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begin on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

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Theodore P. Cummings, Esq. 40,973
Name of Attorney/Agent Registration No.

Signature of Attorney

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE
RESPONSE/AMENDMENT

Mail Stop Non-Fee Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 09/851,456
Applicant(s) : Stephen Zimmerman, et al.
Filed : May 8, 2001
Title : SNACK CHIP HAVING IMPROVED DIP CONTAINMENT
AND A GRIP REGION
TC/A.U. : 1761
Examiner : D. E. Becker
Conf. No. : 2167
Docket No. : 8074M
Customer No. : 27752

- ☒ No additional fees (claims fees or extension fees) are known to be required.
- ☐ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	*	MINUS	**	=	x \$18 =	\$
INDEP.	*	MINUS	***	=	x \$86 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$290 =	\$
					TOTAL	\$

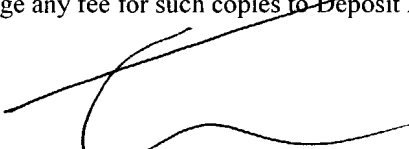
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
 - ☒ Any patent application processing fees under 37 CFR §1.16.
 - ☒ Any patent application processing fees under 37 CFR §1.17.
- The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.


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